

## **505 KAR 2:110. Medical and health care services.**

RELATES TO: KRS 15A.210-15A.240

STATUTORY AUTHORITY: KRS 15A.210

NECESSITY, FUNCTION, AND CONFORMITY: KRS 15A.210 requires the Department of Juvenile Justice to promulgate administrative regulations governing the operation of juvenile detention centers and juvenile holding facilities, including medical and health services. This administrative regulation governs medical and health care services at juvenile detention centers and juvenile holding facilities.

Section 1. (1) Medical treatment and services, including emergency psychiatric and dental matters involving medical judgment shall be the sole province of the responsible physician and dentist, respectively. Security regulations that are applicable to the facility personnel shall also apply to health personnel.

(2) The facility shall issue and enforce written policies and procedures which:

(a) Specify the provision of emergency mental health services for juveniles in need of the services including services provided by qualified mental health professionals who meet educational and licensure or certification criteria specified by their respective professional disciplines, such as psychiatry, psychology, psychiatric nursing and social work;

(b) Govern the relationship between the responsible physician and physicians in private practice working in the facility;

(c) Require that first aid kits shall be available. The responsible physician shall approve the contents, number, location and procedure for periodic inspection of the kits;

(d) Provide for medical examination of any employee or juvenile suspected of a communicable disease;

(e) Require medical screening to be performed by health-trained staff or qualified health care personnel on all juveniles, including intrasystem transfers, upon arrival at the facility. All findings shall be recorded on a printed screening form approved by the Department of Juvenile Justice;

(f) Ensure that juveniles shall be informed orally and in writing of the procedures required for gaining access to medical services;

(g) Provide for the prompt notification of a juvenile's parent or guardian and the responsible agency if serious illness, surgery, injury or death;

(h) Provide that youth care staff and other personnel are trained to respond to health-related situations within a four (4) minute response time. A training program shall be established by the responsible health authority in cooperation with the facility administrator, which includes the following:

1. Recognition of signs and symptoms, and knowledge of action required in potential emergency situations;

2. Administration of first aid and cardiopulmonary resuscitation (CPR);

3. Methods of obtaining assistance;

4. Signs and symptoms of mental illness, retardation and chemical dependency; and

5. Procedures for patient transfers to appropriate medical facilities or health care providers;

(j) Provide that emergency dental care is made available to each juvenile under the direction and supervision of a dentist licensed in the state;

(k) Provide for screening, and referral for care for mentally ill or retarded juveniles. The responsible physician shall have designated, in advance, specific referral sources;

(l) Ensure a special program for juveniles requiring close medical supervision. A physician shall develop a written medical treatment plan for each of these patients that includes direc-

tions to medical and nonmedical personnel regarding their roles in the care and supervision of these patients;

(m) Provide that juveniles in need of detoxification for chemical impairment shall not be admitted to the facility, but shall be referred for appropriate medical care;

(n) Provide for the proper management of pharmaceuticals and address the following subjects:

1. A formulary specifically developed for the facility;

2. Prescription practices that require that:

a. Psychotropic medications are prescribed only if clinically indicated as one (1) facet of a program of therapy;

b. "Stop order" time periods shall be required for all medications; and

c. The prescribing provider reevaluates a prescription before its renewal;

3. Dispensing of medicine in conformance with appropriate state and federal law;

4. Administration of medication, which shall be carried out by persons properly trained and under the supervision of the health authority and facility administrator or designee;

5. Accountability for administering or distributing medications in a timely manner, according to physician orders;

6. Procedures for medication receipt, storage, dispensing and administration or distribution;

7. Maximum security storage and periodic inventory of all controlled substances, syringes and needles;

(o) Uphold the principle of confidentiality of the health record and support these requirements:

1. The active health record shall be maintained separately from the confinement record;

2. Access to the health record shall be controlled by the health authority; and

3. The health authority shall share with the facility administrator information regarding a juvenile's medical management, security and ability to participate in programs;

(p) Provide that if a juvenile is in need of hospitalization, a staff member or a designee approved by the court accompanies him and stays with the juvenile at least during admission;

(q) Provide that all informed consent standards in the jurisdiction shall be observed and documented for medical care. The informed consent of parent, guardian or legal custodian applies if required by law. If health care is rendered against the patient's will, it shall be in accord with state and federal laws and regulations.

(3) Written health care policy and procedures shall be approved by the responsible physician or medical administrator.

(4) The specific duties of qualified medical personnel shall be governed by written job descriptions approved by the responsible physician and the facility administrator.

(5) Treatment by health care personnel other than a physician, dentist, psychologist, optometrist, podiatrist or other independent providers shall be performed pursuant to written standing or direct orders given by personnel who, by law, may give the orders. Nurse practitioners and physician's assistants may practice within the limits of applicable laws and regulations.

(6) Arrangements shall be made with health care specialists in advance of need.

(7) A written agreement shall exist between the facility administration and a nearby hospital for all medical services which cannot be provided within the facility.

(8) Appropriate state and federal licensure, certification or registration requirements and restrictions apply to personnel who provide health care services to juveniles. Verification of current credentials and job descriptions shall be on file in the facility.

(9) If medical services are delivered in the facility or through contract services, adequate space, equipment, supplies and materials, as determined by the responsible physician, shall be provided for the performance of primary health care delivery.

(10) Program staff shall be informed of juveniles' special medical problems. When a juvenile is admitted, staff shall be informed of any physical problems that might require medical attention.

(11) The facility shall issue and enforce written policy and procedure for the collection and recording of health appraisal data which requires that:

(a) The process shall be completed in a uniform manner as determined by the health authority;

(b) Health history and vital signs shall be collected by health-trained or qualified health personnel; and

(c) Collection of all other health appraisal data shall be performed only by qualified health personnel.

(12) Juveniles' medical complaints shall be monitored and responded to by medically trained personnel.

(13) Sick call for nonemergency medical service, conducted by a physician or other qualified medical personnel, shall be available to each juvenile at least once per week.

(14) If sick call is not conducted by a physician, a physician shall be available once each week to respond to juvenile complaints regarding service they did or did not receive from other health personnel.

(15) The facility administration shall provide access to twenty-four (24) hour emergency medical and dental care as outlined in a written plan which includes:

(a) Arrangements for the emergency evacuation of the juvenile from the facility;

(b) Arrangements for the use of an emergency medical vehicle;

(c) Arrangements for the use of one (1) or more designated hospital emergency rooms or other appropriate health facilities; and

(d) Arrangements for emergency on-call physician and dental services if the emergency health facility is not located in a nearby community.

(16) Medical maintenance shall be provided to juveniles of the facility if medically indicated by written medical order.

(17) The person administering medications shall:

(a) Have received training from a responsible physician and the official responsible for the facility;

(b) Be accountable for administering medications according to orders; and

(c) Record the administration of medications in a manner and on a form approved by a responsible physician.

(18) Stimulants, tranquilizers and psychotropic drugs requiring intramuscular administration shall be prescribed only by a physician, following a physical examination of the juvenile by the physician, and shall be administered by a physician or registered nurse. Drugs and medications, including stimulants, tranquilizers, and psychotropics, usually administered by parents may be administered to juveniles by facility staff pursuant to a physician's prescription.

(19) Under no circumstances shall a stimulant, tranquilizer or psychotropic drug be administered for purposes of program management and control, or for purposes of experimentation and research.

(20) The facility shall have a written policy involving the location of the health record file. The health record file shall contain the following:

(a) The completed receiving screening form;

(b) Health appraisal data forms;

- (c) All findings, diagnoses, treatments, disposition;
- (d) Prescribed medications and their administration;
- (e) Laboratory, x-ray and diagnostic studies;
- (f) Signature and title of documentor;
- (g) Consent and refusal forms;
- (h) Release of information forms;
- (i) Place, date and time of health encounters;
- (j) Health service reports, e.g., dental, mental health and consultations;
- (k) Treatment plan, including nursing care plan;
- (l) Progress reports; and
- (m) Discharge summary of hospitalization and other termination summaries.

The method of recording entries in the records, the form and format of the records, and the procedures for their maintenance and safekeeping shall be approved by the Department of Juvenile Justice.

(21) Programs and training shall be provided for the development of sound habits and practices regarding personal hygiene.

(22) For juveniles being transferred to other facilities, summaries or copies of the medical history record shall be forwarded to the receiving facility prior to or at arrival.

(23) Written policy shall prohibit the use of juveniles for medical, pharmaceutical or cosmetic experiments. This policy shall not preclude individual treatment of a juvenile based on his need for a specific medical procedure that is not generally available.

(24) The facility may seek reimbursement for medical care from the parent, person exercising similar custodial control, the state or any other party who may be financially responsible. (26 Ky.R. 1287; Am. 1549; eff. 2-14-2000.)